



# The Journal

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## 'Mike' Jones Retires

### *After 63 Years of Service, WRNMMC 'Institution' Calls It a Career*

**By Sharon Renee Taylor**  
WRNMMC Public Affairs  
staff writer

Muriel "Mike" Jones stood to a rousing applause. In her arms, two dozen roses, and still more graced the stage, totaling 63 - one for each year of her federal career.

Flanked by a Navy admiral and an Army general, Mike Jones stood as a symbolic bridge between the old and the new, the past and the present, the former and the future. Although she began and ended her career in the same building, the flag ship of military medicine now bears a new name - Walter Reed National Military Medical Center (WRNMMC).

To the surprise of many, including her own children, Jones, 83, announced her retirement late last year and WRNMMC honored her with a ceremony on Jan. 9.

"I really thought she would die at her desk or walking the halls with somebody, she's such a social creature," said her daughter Teri Jones, who recalled learning her A-B-C's as a child helping her mother file at the then National Naval Medical Center (NNMC), a predecessor to WRNMMC with the former Walter Reed Army Medical Center.

"I'm so proud of her, I really am," Teri continued in speaking of her mother. "She imparted her work-ethic to the rest of us, too. She would work 10 to 12 hours a day, five, six or seven days a week. She was raising three of us by herself," she said.

Mike Jones decided to retire due to vertigo, which affects her balance and requires her to walk with a cane, she said. Once once the issue is resolved, she plans to come back



Photo by Sharon Renee Taylor

**Muriel "Mike" Jones (center) is flanked by Walter Reed National Military Medical Center (WRNMMC) Director Brig. Gen. (Dr.) Jeffrey B. Clark (left) and former Surgeon General of the Navy retired Vice Adm. (Dr.) Adam M. Robinson during Jones' retirement ceremony at WRNMMC on Jan. 9. Jones retired after 63 years of federal service, all at WRNMMC and its predecessor, the former National Naval Medical Center.**

as a volunteer, "if they'll have me," she added.

"She would work another 63 years if she could; she loves this place," said her son Michael, who remembered spending time with his mom on the job at an early age with his sister and younger brother David. Michael recalled one thing that his mom taught him by her commitment and work at the medical center — "Tell the truth. Bad news doesn't go away. Just deliver the bad news, get on with the program and move forward." Notorious for her shoot-from-the-hip, give-it-to-you-straight manner, Jones was known to ruffle

a few feathers while delivering the truth — her truth anyway, she said.

"I could always count on Mike for a 100 percent honest assessment," said retired Vice Adm. (Dr.) Adam M. Robinson, who served as keynote speaker at her ceremony. "I could always count on her to tell me what I needed to know — and that was the truth."

Robinson said he first met Jones when he was a resident at the hospital in 1978. "She had been here 28 years when I got here," he grinned. The retired vice admiral, who also served as the 36th Surgeon General of the United States

Navy from 2007 to 2011, called Jones "a top performer" and "servant leader" with much success and many accolades throughout her "continuous and devoted service."

When she began her federal career as a clerk-typist at the former NNMC in 1950, Jones earned less than \$3,000 a year, she recalled. In the personnel department is where she remained for the next 63 years, holding more than 15 different positions, she estimates. "I've done everything in personnel that there is to do — every specialty."

Cited for providing invaluable historical background

for WRNMMC, Jones served on the transition team which helped with the consolidation of NNMC and WRAMC histories, artwork and historical artifacts, on display throughout the command. The octogenarian ended her career as a special assistant to the director of administration at WRNMMC.

Work at the medical center was surely a family affair for Jones. After her first couple of years at the hospital, she convinced her mother, Virginia Kirby, to leave the bank where she was employed to join her at NNMC. Kirby worked at NNMC for more than 20 years until she fell and fractured her hip. "If she hadn't had the fall on her hip, she wouldn't have retired, either," Jones recalled.

Jones' son Michael worked briefly as a carpenter at the hospital, and daughter Teri attributes her career in health care to the time she and her two brothers spent with their mother at work. Throughout her six decades here, Jones worked under 30 different Navy hospital commanding officers, including Robinson, who served as NNMC commander from 2004 to 2007. Current WRNMMC Hospital Director Brig. Gen. Jeffrey B. Clark is the first Soldier to serve in that leadership position. He expressed gratitude at the retirement celebration for Jones.

"Miss Jones, this gathering is a tribute to you. You are loved by so many people here at Walter Reed Bethesda. It's also a tribute to your family," said Clark. "Ma'am, thank you for your service ... It's an honor for each and every one of us to be here."

"To those who know her, Mike Jones is an institution," said Sandy Dean, WRNMMC Public Affairs Officer.



# Commander's Column

We do three things at Walter Reed Bethesda: Accomplish our Mission; Take care of each other; Take care of our Families. MISSION/PEOPLE--good leaders do both.

Thank you to all who attended our January leadership forum and town halls. We had a great turn out. I opened my presentation with an overview of our new reality - over a decade of war is coming to a close; new fiscal reality; we are the tertiary academic medical center of the National Capital Region (NCR)

Multi-Service Market; etc. With this background I laid out our Foundations (People and Resources) Way Ahead. I covered several areas where we are actively transforming and other areas where we have ongoing considerations of our way ahead.

Those of us who were unable to attend our town hall (thanks to our Visual and Info Technology Team!) can view my message via a Quick Link entitled "BG Clark's Town Hall Message: The Way Ahead" located at the top right of our Walter Reed National Military Medical Center (WRNMMC) intranet homepage. Please take the time to view this presentation. It is important that each of us understand our way ahead so we move forward as ONE TEAM.

Key to our way ahead is to be PROACTIVELY PATIENT FRIENDLY. In November, we implemented our Patient Late Arrival Policy, a very simple patient-centered policy: if our patients arrive late for their appointment, we will see them or, if more convenient for them, rescheduled before they leave. Our Patient Centered Commitment, which I have asked that we all sign and place in our competency folders by mid-February, is our pledge - individually and collectively - to be PROACTIVELY (not passively) PATIENT FRIENDLY. We owe nothing less to those we are privileged to serve: Service Members and their Families; Retirees and their Families. PROACTIVELY PATIENT FRIENDLY is my top priority.

We held our first Prosperity Fair Jan. 14-15 in the Arrowhead section of Building 9. Sue and I had a great time and learned much about the great services available to all of us. Thanks to Sgt. Maj.



Jeffrey Zak, Cmdr. Dwayne Buckingham, Cmdr. Michelle Tsai and the good folks who staffed over 30 booths to assist our Civilians, Contract Employees, Service Members, Volunteers, and Families specify goals and develop plans to reach those goals - personal, professional, spiritual and relationships. Hundreds of our staff took advantage of this great opportunity. Your individual prosperity is important to you, to your Family and friends, and to each and all of us. As I make my rounds, I will continue to ask folks

about their Prosperity Plan; please ask me about mine. Our Resiliency Team is already planning our next Prosperity Plan for April; Sue and I will see you there.

A special thanks to our staff who continued to provide patient friendly access to high quality health care on Jan. 21 - the snow day. And thanks to NAVFAC and our WRNMMC Facilities Teams who did a remarkable job of removing the snow and ice from our roads and sidewalks.

Monday, Feb. 3 at 11 a.m., we will gather in the Arrowhead section of Building 9 for two special events. Our Pastoral Care Department will lead us in remembering the four chaplains who allowed others to board life boats and thus went down with the US Dorchester which was sunk during World War II on that day in 1943. Our Nursing Directorate will lead our celebration of the 113th birthday of our Army Nurse Corps. It's good for us to gather. So please join us as we celebrate the spirit of selfless service.

Let me close with a THANK YOU to four of our staff who exemplify PROACTIVELY PATIENT FRIENDLY: Ms. Hoon Lee, Pharmacy; Dr. Tracy Love, Dermatology; Mr. Louis Gilbert and Mr. Robert Robinson, Hospital Dental Lab.

Please be as proud of who we are, what we do, and most importantly, how we do it as I am to serve with you.

As always, thank you for all you do and may God Bless.

**Brig. Gen. Jeffrey B. Clark MC, USA**  
**Director, Walter Reed National**  
**Military Medical Center**

## Bethesda Notebook

### Tame the Tobacco Crave

Calling all tobacco users at Walter Reed Bethesda, it's time to "Tame the Crave." The Surgeon General has determined tobacco use is the most preventable cause of illness and death. Walter Reed Bethesda's Integrated Health Services-Internal Medicine Department will host a tobacco cessation program today at 1 p.m. in the America Building Room 2525A, which will address the base's policy regarding designated tobacco-use areas (which if violated can result in disciplinary action); nicotine replacement therapies such as patches, gum and medications; behavioral techniques to curb cravings; and electronic cigarettes. All are welcome to attend. For more information or to register, call 301-295-8773, 301-295-0105, or contact [carolyn.m.mesnack.civ@health.mil](mailto:carolyn.m.mesnack.civ@health.mil).

### Dental Fair Nears

February is National Children Dental Health Month and the Pediatric Dental Clinics at Walter Reed National Military Medical Center (WRNMMC) and Naval Postgraduate Dental School (NPDS) will host a dental fair on Feb. 6 from 8 a.m. to 2 p.m. in the America Building Pediatrics Clinic on the 4th floor. Staff from the clinics will perform oral screenings and care assessments during the event, which will also include face painting, storytelling, games and information for teaching children good oral hygiene habits. For more information, call NPDS, Pediatric Dentistry or Frederick Wynne at 301-295-1364.

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# What You Need to Know About Cervical Cancer

**By Bernard S. Little**  
WRNMMC Public Affairs  
staff writer

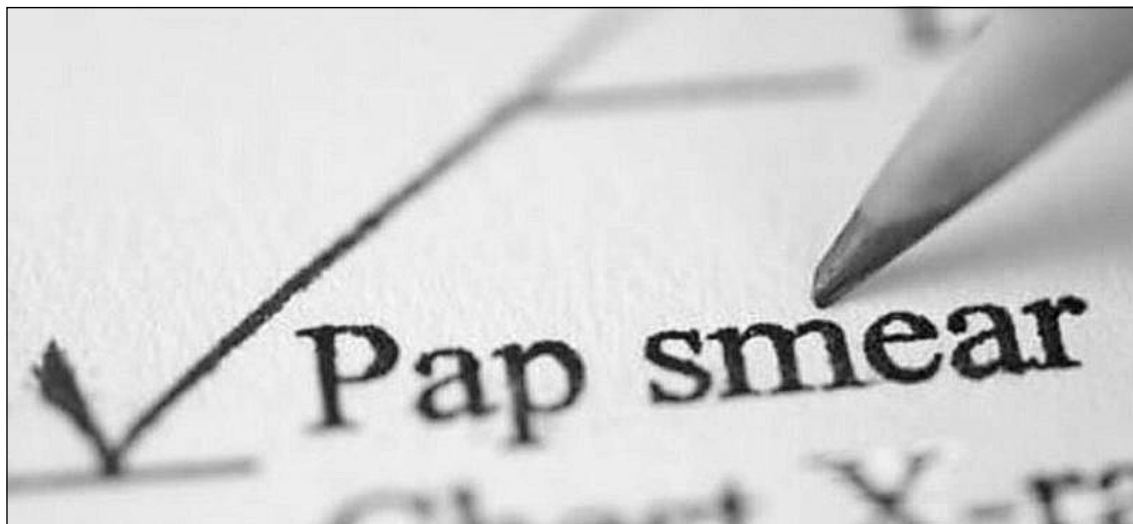
Whether it's called "Cervical Cancer Month," "Cervical Cancer Awareness Month," "Cervical Cancer Screening Month" or "Cervical Health Month," January has been selected to raise awareness about cervical health and cervical cancer prevention.

"For more than 50 years, routine use of the Pap test to screen for cervical cancer has reduced deaths from the disease by more than 70 percent," explained Army Maj. (Dr.) Michael P. Stany, associate program director for the National Capital Consortium Gynecologic Oncology Fellowship Program at Walter Reed National Military Medical Center (WRNMMC).

"Despite this, over 12,000 women are diagnosed with cervical cancer every year in the United States," Stany added.

The cervix is the lower part of the uterus (womb), and it connects the uterus to the vagina, he continued.

"A Pap test is a standard way health-care providers can check to see if there are any changes in the cervix that might cause concern," Stany said. "The Pap test involves looking at a sample of cells from the cervix under a microscope to see if there are any that are abnormal. It is a good



Courtesy Photo

test for finding not only cancer, but also finding cells that might become cancerous in the future (also known as dysplasia)."

He explained health-care providers perform the Pap test as part of a routine pelvic exam. "Here at Walter Reed National Military Medical Center, more than 5,000 Pap tests are performed every year. About 10 percent of these women have abnormal Pap tests and require additional tests, and oftentimes, treatment.

"Nearly all cervical cancers are caused by persistent infection with the Human Papilloma Virus (HPV)," Stany said. "The HPV causes dysplasia, which over time can lead to an early stage cervical cancer. Early

stage cervical cancers usually don't cause symptoms. When the cancer grows larger, women may notice bleeding that occurs after sexual intercourse or between menstrual periods."

According to the National Cancer Institute (NCI), the majority of both men and women will be infected with HPV at some time in their lives, and that may be true even if you've only had one sexual partner. A 1997 article in the American Journal of Medicine, reported that nearly three out of every four Americans has been infected with HPV at some point in their lives. Some HPV infections resolve themselves, but others can "hide" in the body. Cervical cancer is slow growing, on av-

erage, taking approximately 10 years to develop.

"In 2012, the American Cancer Society (ACS), the American Society for Colposcopy and Cervical Pathology (ASCCP), and the American Society for Clinical Pathology (ASCP) released new guidelines for the prevention and early detection of cervical cancer," Stany said. "Years ago, women were instructed to have a Pap tests every year. With the new guidelines, however, less frequent testing is recommended because of how reliable the Pap test is, and due to the incorporation of the HPV test for women over age 30."

The United States Preventive Services Task Force (<http://www.uspreventiveservicestaskforce.org/>) recommends screening for cervical cancer through Pap tests every three years, beginning at age 21 years and continuing until age 65 years, or for women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of a Pap test and an HPV test every five years.

"It is also important that women know and understand their Pap test results and follow through with any recommendations made by their health-care provider," Stany said. "Some abnormal Pap tests will be followed by colposcopy (examination of the cervix using a magnifying device to see the cervix more clearly) and biopsy of any abnormal appearing areas on the cervix. Any pre-cancerous areas can then be seen and, if needed, treated by a woman's health-care provider."

Stany encouraged vaccinating women and young girls against the HPV "before they become sexually active, currently recommended at 11 and 12 years of age, which he said is the greatest prevention of pre-cancer and cancer. "Early vaccination, along with regular Pap tests and HPV testing when recommended, is now the best way to prevent cervical cancer."

## WRNMMC Offering Group Prenatal Care

**By Sarah Marshall**  
WRNMMC Public Affairs  
staff writer

Walter Reed Bethesda's OB/GYN Department (Obstetrics and Gynecology) recently implemented an innovative approach to care for expectant mothers: offering group prenatal care that's focused on empowering patients and community building.

Pregnant women enrolled in care at Walter Reed Bethesda, during their initial prenatal visit, can opt to join the prenatal program, known as Centering Pregnancy. The program allows groups of eight to 12 women, due in the same month, to meet with their care provider and other group participants, in a unique group setting, explained Cmdr. Sara Shaffer, a nurse midwife in

the OB/GYN Department. The program has been available since September 2012, and has recently been gaining staff support, Shaffer said.

"[The program offers] expectant mothers an increased opportunity to actively participate in health decisions and ask questions with the goal of fostering a more enjoyable prenatal visit," Shaffer said.

Shaffer is leading efforts to grow the program at Walter Reed Bethesda. According to her 16 OB/GYN providers completed training last week, Jan. 13-14, certifying them to lead Centering group sessions, bringing the total of facilitators to 20.

Certified nurse midwives and nurse practitioners, registered nurses, licensed practical nurses, obstetricians,

See **PRENATAL** page 5



Courtesy Photo

**Pregnant women enrolled in care at Walter Reed Bethesda can opt to join a prenatal program, known as Centering Pregnancy. The program allows groups of eight to 12 women, due in the same month, to meet with their care provider and other group participants, in a unique group setting.**



# Walter Reed Bethesda Hosts Its First Prosperity Plan Fair

**Katrina Skinner**  
WRNMMC Public Affairs  
staff writer

When Brig. Gen. (Dr.) Jeffrey Clark, director of Walter Reed National Military Medical Center (WRNMMC), took command less than four months ago, he had a plan - a Prosperity Plan.

At recent leadership forums and town halls, the one-star general explained how he successfully employed this resource at several of his previous commands, recognizing that it helps strengthen an individual's well-being, which is fundamental to mission success.

"It's a structured way for individuals who have goals, and it's a structured way for their leaders to show that they care about these goals and can assist," Clark said.

The Prosperity Plan Fair, held in the Arrowhead building Jan. 14-15, saw a steady flow of service members, civilians, and contract employees interested in setting goals and developing a plan for the way ahead.

During the two-day event, fair attendees received pocket-sized workbooks, divided into four domains - personal, professional, relationships, and spirituality- to be used to record their goals and referred to later.

"I attended the fair to learn more



Photo by Katrina Skinner

**The pocket-sized Prosperity Plan workbook, an initiative of Walter Reed National Military Medical Center (WRNMMC) Director Brig. Gen. Jeffrey B. Clark, was created so that goals can be recorded and referred to later. The Prosperity Plan is an combined initiative employed by WRNMMC leadership to help strengthen an individual's well-being, according to Clark.**

about the resources available to me, here as an employee at Walter Reed Bethesda. There are ample opportunities for us to take advantage of, to help us stay healthy and help us manage our stress. In my Prosperity booklet, one of my goals is to

eat more fruits and vegetables, and to start working out at least 2-3 times per week. Writing it down here should help hold me accountable," said Sarah Marshall, a fair attendee.

"It is goal-setting," added Army Sgt.

Maj. Jeffrey Zak, chief clinical noncommissioned officer and one of the Prosperity Plan Fair's lead coordinators.

"Really it is more than that," Zak added. "We want participants to share their goals with friends, family, and supervisors so that they can encourage them to reach their goals."

"At the start of the New Year, I set a personal goal to exercise more often, eat healthier and reduce stress. While attending the Prosperity Fair, I learned helpful information on nutrition, exercise and relaxation techniques, which jump-started my goals and provided me with the tools to stay on track," said Katie Mollet, another fair attendee.

The objective of the Prosperity Plan is to maximize every staff members potential - the fair is one of the ways to assist people, he explained.

All of the vendors that attended the fair are currently available within WRNMMC and Naval Support Activity Bethesda community and were invited based on the four domains that the workbook is divided into. "We want to encourage people and provide them the resources to get their goals," Zak said.

The Prosperity Plan fairs will be held once, every quarter. For more information, please contact Cmdr. Dwayne Buckingham at 301-319-4223 or Sgt. Maj. Jeffrey Zak at 301-400-2957.

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# Pentagon DiLorenzo Clinic Helps Employees Live Healthier Lives

**By Natalie Hedrick  
DiLorenzo TRICARE  
Health Clinic**

In the middle of the DiLorenzo TRICARE Health Clinic in the Pentagon lays a gold mine of information and activities aimed at assisting Pentagon employees in living a healthier life.

The Fit To Win Wellness Clinic, was established back in the late 1980s to operationally implement the Army's health promotion initiatives, and over the years, courses have been added and altered to adapt to the military's progressing wellness programs. These courses include the Healthy Base Initiative, Operation Live Well, and the Army Surgeon General's Performance Triad.

Nutrition and exercise are



**Roberto Ruiz, an exercise physiologist at the Fit To Win clinic located at the DiLorenzo TRICARE Health Clinic at the Pentagon, assesses a runner. Fit To Win offers assessment programs to help participants move better and find the right running shoe.**

the foundations of this health promotion program, and Fit To Win offers several classes and activities that will help participants enhance their fitness levels, quit smoking and using

tobacco, recognize and manage potential health issues, and achieve a healthy weight.

Tobacco Cessation – It's not

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Courtesy Photos

**A service member walks on a treadmill while wearing a mask as Roberto Ruiz, an exercise physiologist at the Fit To Win clinic located at the DiLorenzo TRICARE Health Clinic at the Pentagon. The mask directly measures a person's ventilation, oxygen consumption, carbon dioxide production, and lactate threshold while they are put through a test that lasts about 15 to 20 minutes.**

## PRENATAL

Continued from 3

a maternal-fetal medicine specialist, a lactation consultant and a corpsman, were among those who completed last week's training. They will now provide this type of care, in addition to the registered nurse and three midwives currently trained at the medical center, including Shaffer.

Walter Reed Bethesda is one of 17 military sites, and one of more than 300 sites nationwide, to use this program, Shaffer continued. Currently at the medical center, there are about a dozen patients enrolled in the program on a monthly basis. Shaffer said she hopes, with the additional staff now trained, the program will continue to gain momentum.

The program offers 10, two-hour sessions, Shaffer continued. At the beginning of each session, group patients are assessed privately. They have their blood pressure and weight checked, blood drawn, and fundal height measured, to check the growth of their baby - all standard aspects of a prenatal visit, except for pelvic exams and ultrasounds, Shaffer said. Those would still be done in a separate, individual appointment.

The assessment portion of

the session typically takes about 30 minutes, Shaffer said. Meanwhile, participants can socialize, which is particularly meaningful for those who may have just transferred duty stations or have a deployed spouse and may not know many people in the community, she added.

"Our patients benefit from the care of a skilled provider as well as the support of peers. The military family is uniquely suited and benefits by developing friends and extended family while experiencing a safe and educational health care experience," said Col. Joseph Gubern, chief of Walter Reed Bethesda's OB/GYN Department. He added that this model of care has proven to improve outcomes in the delivery of healthcare in various medical disciplines, most notably obstetrics, and exemplifies how the department has been proactively patient friendly.

"This is an opportunity to discuss their experiences and challenges, and work with their provider to find good solutions, while in a fun and social environment," Shaffer said.

The remainder of each session, about 90 minutes, is dedicated to education, Shaffer continued. Patients learn about a variety of topics, such as breastfeeding, exercise, post-partum depression, family relationships and infant



Courtesy Photo

**Centering Pregnancy allows pregnant women to discuss their experiences and challenges, while working with their provider, in a fun, social environment.**

care. Each group also has a guest/co-facilitator, knowledgeable in the particular topic on the agenda for that session, such as a nutritionists and social workers, she said.

Shaffer made clear, this is not a lecture — the facilitator leads the conversation and activities, while providing information. The emphasis is on the patients, encouraging them to engage and ask questions. One woman's question, is usually another woman's question, she noted. "Group prenatal care allows patients

10 times more time with their provider, than one-on-one visits," Shaffer said. "[The program also] guarantees continuity because it's always the same nurse midwife that leads each group."

Describing the program as a "One-Stop Shop," she added, "Centering empowers a woman to care for herself, her family and her unborn baby," she said. Having been a facilitator for nearly four years, it has been "the most enjoyable and satisfying part of my career as a Navy nurse midwife."

In addition to Centering Pregnancy, the OB/GYN Department has plans in 2014 to start personalized OB orientation, offering public cord blood banking and continuing complimentary breastfeeding, infant care and birthing classes, said Gubern.

"I am extremely proud of the providers and staff who have invested their time, energy and personal commitment to group prenatal care," he said.



# Graduate Medical Education Programs Amass Awards

By Sharon Renee Taylor  
WRMMC Public Affairs  
staff writer

High marks, awards, recognitions and achievements abound for Walter Reed National Military Medical Center (WRNMMC) residents, staff and faculty within the Graduate Medical Education (GME) program.

The physicians racked up nearly 40 accolades and honors, along with presentations at national specialty meetings and conferences in the second quarter of the 2013-2014 academic year that began last October. Sponsored by the National Capital Consortium (NCC) and the Commission on Dental Education, the program boasts more than 50 specialty and subspecialty residencies certified by the Accredited Council for Graduate Medical Education (ACGME).

The award-winning residents and staff from WRNMMC, along with the GME accreditation, acknowledge the quality of the programs, and outstanding, cutting-edge care provided at WRNMMC, according to Army Col. (Dr.) Michael Nelson, deputy directors for education, training and research at the medical center.

"We're providing a fantastic product for our patients and for the military health care system at large that is producing the next generation of health care providers and leaders," said Nelson.



Photo by John R. Chew, Medical Photography

**Army Maj. (Dr.) Sabrina Whitehurst, left, watches a screen as she operates on a patient using a robot. The senior fellow in Minimally Invasive Gynecology won a national prize in endoscopy for the best submission in education, last November.**

son who explained the advancement of science and medicine at large is part of the GME program's mission.

Nelson said it was difficult to single out any one of the achievements more

than another. More than 12 GME specialty and subspecialty programs reported awards for the academic second quarter which ended December 2013. The awarded fields include: Neurology,

Internal Medicine, Gastroenterology, Allergy, Dermatology, Obstetrics/Gynecology (Ob/Gyn), Cardiology, Inter-

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## Walter Reed Bethesda Salutes Selfless, Heroic Acts of 'Men of the Cloth'

By Bernard S. Little  
WRNMMC Public Affairs  
staff writer

*John 15:13: Greater love has no one than this: to lay down one's life for one's friends.*

Loyalty, duty, respect, selfless service, honor, integrity and personal courage are the seven Army Values. Feb. 3, 1943, four U.S. Army chaplains exhibited these values and more when they sacrificed their lives to save others.

The "Four Chaplains," also referred to as the "Immortal Chaplains," are 1st Lieutenants (Rev.) George L. Fox, (Rabbi) Alexander D. Goode, (Father) John P. Washington and (Rev.) Clark V. Poling. They will be honored and remembered on Monday, Feb. 3 at Walter Reed National Military Medical Center (WRNMMC) with a memorial service coordinated by the Department of Pastoral Care at 11 a.m. near the Gastroenterology Clinic. The ceremony, being held in conjunction with the celebration of Army Nurse Corps' 113th birthday, will include an unveiling of a collage of the four chaplains created by WRNMMC's Marketing Department, and a cake cutting.



Alexander D. Goode



George L. Fox



Clark V. Poling



John P. Washington

"These chaplains are an enduring symbol of unity, hope and selfless sacrifice," said Chaplain (Col.) Robert L. Powers Jr., chief of the Department of Pastoral Care at WRNMMC.

In 1988, a unanimous act of Congress established Feb. 3 as an annual "Four Chaplains Day." A number of veterans organizations hold special observances on Four Chaplains Day. A former Soldier who owed his life to them said: "[T]heir heroism is beyond belief. That is one of the reasons why we must tell the world what these people did."

On Feb. 3, 1943, Fox (Methodist), 42, Goode (Jewish), 31, Washington (Catholic), 34, and Poling (Dutch Reformed), 32, all whom had met at the Chaplain School at Harvard University in 1942, were sailing aboard the United States Army Transport Dorchester to report to their new assignments in the European theater. The Dorchester, formerly a civilian cruise ship that had been converted for military service in World War II as a troop transport, was en route to Greenland carrying about 900 troops, merchant seamen and civilian workers across the North Atlantic. At

approximately 1 a.m., the Dorchester was torpedoed by German U-boat, U-223, off of Newfoundland. The ship sank less than 20 minutes after the order to abandon ship.

Before the ship sank, witnesses said Fox, Washington, Poling and Goode spread out among the ship's passengers, calming the frightened, tending the wounded and guiding the disoriented toward safety. Witnesses also said as life jackets were passed out, the supply ran out before each person

See **CHAPLAIN** page 7



# New Class Helps Security Personnel to Spot a Dangerous Threat

**By Ryan Hunter**  
NSAB Public Affairs  
staff writer

A unique two day course held at Naval Support Activity Bethesda (NSAB) pitted Sailors, Soldiers and civilian personnel face to face against one of the deadliest weapons in existence, the Improvised Explosive Device (IED).

The IED Awareness class was conducted by a terrorism defense contractor sponsored by the Commander, Navy Installations Command and Naval District Washington to give security personnel a better understanding of IEDs through a firsthand experience.

"We have plenty of PowerPoint presentations, books, training sessions and seminars. We can show people plenty of pictures but there's nothing quite like a hands-on experience," said Janelle Massiatte, director of installation training at NSAB.

During the class, security officers became intimate with a variety of IED constructions. Many of the replicas provided were large, yet innocuous, like a blue tailgating cooler, toolbox or lunchbox. Other examples were small and easy to conceal, like an undergarment suicide vest or a magnetic box designed to stick to a vehicle's undercarriage.

"An IED's appearance is only limited by the user's imagination," said Rosalyn Bland, curriculum developer for the private contractor. "The average security person wouldn't know how to spot one unless they see it first-hand and our goal is to make sure that they have the tools they need to deal with these threats before they encounter something that may cause injury or death."

After familiarizing themselves through classroom instruction, participants were tasked to demonstrate their knowledge of the IEDs by locating the different designs during a training simulation. Vehicles, ranging from Trucks and SUVs to four door sedans, were outfitted with the fake explosive devices and role playing drivers. Unusual smells, loose hanging wires, vehicles riding low on their



**Security Officers demonstrate how to correctly use a hand-held metal detector wand to conduct searches for weapons and Improvised Explosive Device (IED) during the IED Awareness class, Jan 15.**



**Contracted Instructor Dan Foster displays a Improvised Explosive Device (IED) suicide vest replica to a security officer attending the IED Awareness class, Jan 14.**

suspension and suspicious behaviors were just a few of the subtle signals that could make the well informed enforcers aware of a potential situation.

Various pieces of IED locating equip-

ment, such as electronic detectors, mirrors for vehicle inspections and hand held metal detectors for weapon searches, were utilized during the course. After being properly trained,

each security officer in attendance was outfitted with a kit containing the equipment for regular workday use.

IEDs were the main topic of discussion, but the classes took a comprehensive look at security vulnerabilities. Other modules in the course examined regional threats, asymmetrical warfare and active shooter strategies and responses. These topics encouraged participants to dissect the actions of recently committed terrorist scenarios in order to understand the events from different perspectives.

"We ask, what was the outcome, how was [the attacker] detected, what were some of the things that inhibited the act from occurring and what more could have been done to prevent it?" said Bland.

Those in attendance varied greatly, said Massiatte. "We tried to encourage as many of our Master at Arms and civilian law enforcement personnel as we could to attend. We also opened it to the Auxiliary Security Force. Running it at the same time the academy took place meant the security personnel at the hospital were also eligible to participate. We were fortunate enough to also work with our local communities, such as the Montgomery County Fire and Rescue Services and Police Department, who had a few attendees from there as well," said Janelle.

On Jan. 15 members of the class gathered in the National Intrepid Center of Excellence to receive their certificates of completion. The ceremony was presided over by NSAB Commanding Officer Capt. David Bitonti, who lauded the participants and their instructors for helping to "make the base a safer place to live and work."

Bitonti was not alone in his approval of the program. "Looking at the critiques we received [from the students] it was overwhelmingly positive," said Bland. "Everyone felt that the training gave them a different perspective on the job that they do every day. They said they felt a little bit more alert, a little bit more cognizant of what their responsibility is and they appreciated that."

## CHAPLAIN

**Continued from 6**

had one and the chaplains removed their own life jackets and gave them to others. Witnesses saw the chaplains help others into lifeboats, then link arms, say prayers and sing hymns as the ship sank.

One survivor, Petty Officer John J. Mahoney, tried to reenter his cabin for a pair of gloves after the ship was torpedoed but was stopped by Goode, who told him, "I have two pairs." Goode

gave the petty officer his own gloves. Later, Mahoney realized Goode was not carrying two pairs of gloves and had decided not to leave the ship.

"As I swam away from the ship, I looked back. The flares had lighted everything. The bow came up high and she slid under. The last thing I saw, the Four Chaplains were up there praying for the safety of the men. They had done everything they could. I did not see them again. They themselves did not have a chance without their life jackets," said Engineer Grady Clark, a survivor of the Dorchester.

"I could hear men crying, pleading, praying," recalled survivor Pvt. Wil-

liam Bednar. "I could also hear the chaplains preaching courage. Their voices were the only thing that kept me going."

"It was the finest thing I have seen or hope to see this side of heaven," said John Ladd, another survivor who saw the chaplains' selfless act.

According to some reports, survivors could hear different languages mixed in the prayers of the chaplains, including Jewish prayers in Hebrew and Catholic prayers in Latin.

Approximately 230 passengers aboard the Dorchester were rescued. The other passengers, nearly 700 in all including the four chaplains, per-

ished in the icy Arctic waters.

The Distinguished Service Cross and Purple Heart were awarded posthumously to the Four Chaplains on Dec. 19, 1944. A one-time only posthumous Special Medal for Heroism, the Four Chaplains' Medal, was authorized by the 86th U.S. Congress on July 14, 1960 and awarded to the next of kin of each chaplain on Jan. 18, 1961.

For more information about the Walter Reed Bethesda Four Chaplains Day observance, call project office Chaplain (Maj.) Denise Hagler at 301-295-1510.



# Inclement Weather FAQ for Patients



Courtesy Photo

By Walter Reed Public Affairs

In the interest of the safety and welfare of our patients, visitors, and staff, Walter Reed National Military Medical Center's clinics and offices may close due to inclement weather. We may have delayed opening of clinics and offices, or clinics may need to be closed early based on the current weather conditions. If you have a scheduled appointment during adverse weather conditions, please call ahead to verify if the office is open. Closure decisions regarding Walter Reed Bethesda's clinics and offices are made for public and patient safety, and they are not made lightly.

Walter Reed National Military Medical Center's emergency services and inpatient services are always open and providing health care, regardless of weather conditions.

## 1. How will I know the hospital's operating status?

Walter Reed Bethesda follows the Office of Personnel Management's determination of the federal government's operating status. There are many resources for you to check the hospital's operating status.

- [www.opm.gov](http://www.opm.gov)
- [www.wrnmmc.capmed.mil](http://www.wrnmmc.capmed.mil)
- Hospital Status Line - 301-319-8707
- Hospital operator - 301-295-4000
- OPM Status Line - 202-606-1900
- Twitter - <https://twitter.com/WRBethesda>
- Facebook - <https://www.facebook.com/pages/Walter-Reed-National-Military-Medical-Center/295857217111107>

• NSAB Facebook - <https://www.facebook.com/NSABethesda>. For inclement weather postings and gate status information.

- Local television and radio stations

## 2. When is the hospital operating status published?

Changes to the hospital operating status are updated by 5:00am on our public website at [www.wrnmmc.capmed.mil](http://www.wrnmmc.capmed.mil) and our social media sites. In case of potential delayed opening status and appointment cancellations, patients with early morning appointments or scheduled elective surgeries are encouraged to check the website before departing their residence.

## 3. If the federal government is closed, what does that mean for my scheduled clinic appointment or surgery on that day?

All outpatient clinic appointments (except as noted below) and scheduled elective surgeries will be rescheduled. Clinic staff will contact patients to reschedule at the patients' earliest convenient time.

Exceptions include the following services which remain open at all times, regardless of the federal government operating status:

- Inpatient Care Services
- Emergency Room
- Obstetrics/Labor and Delivery
- Main Operating Room (scheduled Wounded Warrior and Emergency cases only)
- Laboratory, Radiology, Pharmacy (for inpatient and emergencies only)
- Inpatient Chemotherapy and Radiation Therapy
- Inpatient Dialysis
- Nutritional Services/Main Dining Room
- Patient Administration Services
- Command Duty Office

## 4. If the federal government is open with delayed arrival, what does that mean for my scheduled clinic appointment or surgery?

Outpatient Appointments: In the event that there is a one-hour delay, all outpatient clinic appointments before 9 a.m., may be delayed or rescheduled. If there is a two-hour delay, all outpatient clinic appointments before 10 a.m. may be delayed or rescheduled. If appointments are to be rescheduled, patients will be contacted by clinic staff to determine the patient's next earliest convenient time to be seen. When the government is open with a de-

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Courtesy Photo

## WEATHER

### Continued from 8

played opening status, there is a potential of a delay in seeing patients at the scheduled times; patients may have to wait but will be seen on the day of the scheduled appointment. Patients are advised to check the Walter Reed Bethesda website or call (301) 319-8707 for hospital operating status before departing their residence.

**Ambulatory Surgery Appointments:** When the government is open with a delayed opening status, there is no anticipated change to patients who are scheduled for surgeries. Patients are advised to call (301) 295-2560 to confirm status before departing their residence.

#### **5. When can I expect to be notified if my scheduled appointment has to be rescheduled?**

Walter Reed Bethesda will make every effort to notify you 24 hours in advance of your scheduled appointment. At times, however, that may not be possible and the notice may be less than 24 hours. Affected patients will receive a telephone call by clinic staff and/or the hospital's automated telephone messaging system.

#### **6. My appointment is to be rescheduled due to inclement weather, but I have not received a telephone call. What should I do?**

If you have not received a telephone call, the hospital may not have your current phone number. Patients can provide their most up-to-date contact telephone number 24/7 by calling Patient Administration at (301) 295-2126.

Patients can call and reschedule appointments upon reopening of the federal government:

For primary care appointments:

(301) 295-0196 from 7:00am to 4:30pm, Monday through Friday.

For primary care and specialty referrals: (855) 227-6331 from 6:30 a.m. to 6 p.m., Monday through Friday.

Patients are also encouraged to use Relay Health to contact their primary care clinic or TRICARE Online which are both available via the hospital internet 24/7 under "Appointment" and "Referrals."

#### **7. What if I have an urgent need and must be seen today?**

When unexpected medical care is needed, especially after hours, on weekends or when the hospital is closed due to inclement weather, it can be difficult to know what type of care you need and where to go. Urgent medical care does not threaten life, limb or eyesight, but needs attention to prevent it from becoming a serious risk to health. Your primary care manager (PCM) is your best resource for deciding where and when to get care. Patients may first contact the appointment line at (855) 227-6331 to see if they can be seen by their PCM team. If you are unable to reach your PCM on the day you call, you should call Health Net Federal Services at 1-877-TRICARE (1-877-874-2273) to obtain a referral to go to a nearby urgent care center.

#### **8. What if I have an emergency and must be seen right away?**

Emergency care is defined as a sudden, unexpected, acute medical condition or the worsening of a condition that poses a threat to life, limb or sight and requires immediate treatment. If such care is needed, patients should go to the Walter Reed Bethesda Emergency Department which is open 24/7, 365 days a year.

If patients cannot get to the Walter Reed Bethesda Emergency Department, patients should call 911 or immediately go to the nearest emergency department.

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EDUCATION

Continued from 6

nal Medicine/Critical Care, Minimally Invasive Gynecology, Nephrology, Pulmonary and Critical Care Medicine as well as Neurological Surgery.

In October, Navy Lt. (Dr.) Richelle Corrado, a third-year Internal Medicine resident, earned the Navy Chapter American College of Physicians (ACP) Resident of the Year Award, in recognition of outstanding achievement. In the same month, Army Capt. (Dr.) Charles Katz, a fourth-year Ob/Gyn resident, was one of only three recipients to receive the Armed Forces District of the American College of Obstetrics and Gynecology (ACOG) Chairman's Award for the best clinical research papers among fellows, faculty and resident physicians.

Army Maj. (Dr.) Sabrina Whitehurst, a senior fellow in Minimally Invasive Gynecology, won the Institut de Recherche contre les Cancers de l'Appareil award, a national prize in endoscopy for the best submission in education at the Association of American Gynecologic Laparoscopists (AAGL), in November.

The French titled award, translated as the Institute for Research into Cancer of the Digestive System, carries with it a trip to France for Whitehu-

rst to study minimally invasive surgery at the world famous European Institute of TeleSurgery, University of Strasbourg, France.

In December, Army Capt. (Dr.) Nathaniel Miletta, a third-year Dermatology resident, received the Presidential Citation in recognition of his years of service representing Dermatology and the American Academy of Dermatology Association as the Resident Fellow Section Delegate to the American Medical Association.

A team of three physicians in Pulmonary and Critical Care Medicine Fellowship took third in the 2013 CHEST Challenge competition against other pulmonary and critical care training programs in North America. Army Capts. (Drs.) Gregory S. Brown, a third-year fellow, Brian M. Cohee and David C. Hostler, both second-year fellows, competed in the national "Jeopardy-styled" contest sponsored annually by the American College of Chest Physicians.

For the last several years, NCC Neurological Surgery residents finished in the top three of the annual academic challenge of all neurosurgical programs in the country. Selected by their peers to represent NCC, Army captains (Dr.) Corey Mossop, a fifth-year resident, and (Dr.) Dan Coughlin, a third-year resident, narrowly lost the first place title NCC earned last year by one question. The team

brought home a second place win from the Congress of Neurological Surgeons (CNS) Resident Self-Assessment in Neurological Surgery (SANS) Competition held in San Francisco, Calif., Oct. 19-23.

Army Col. Michael Rosner, Director, NCC Neurological Surgery Residency Program, praised his residents. "I could not be more proud of their performance," he said. "They beat two of the 'nation's top neurosurgery programs' in direct head-to-head competition to make the overall finals and performed academically better than the other 105 neurosurgery programs in the country. This achievement continues to speak volumes about their academic performance and clearly demonstrates a strong showing for the NCC overall."

"It just shows phenomenal work on behalf of the trainees and their faculty mentors to bring them to this state of excellence that brings them recognition nationally in most of these circumstances," Nelson added. "These are all tremendous accomplishments for our hospital," he said. Navy Capt. (Dr.) Jerri Curtis Executive Director National Capital Consortium and Associate Dean of GME at Uniformed Services University of the Health Sciences agreed, noting the incredible dedication of program directors and faculty who work with the residents, "in these fiscally tight times."

Army Col. (Dr.) Kevin Abbott earned the Army Surgeon General's Award for Military Academic Excellence on Dec. 3, cited for his contributions to

military medicine, patient care and provider education. On Dec. 6, Navy Cmdr. (Dr.) Cory Carter of Hematology received the Navy Chapter ACP Staff Teacher of the Year Award. Army Capt. (Dr.) Paul Clark, a first-year Internal Medicine fellow, received the James Leonard Award for excellence in teaching Internal Medicine. In November, Navy Cmdr. (Dr.) Todd Gleeson of Infectious Disease received the Sol Katz Memorial Award for Excellence in Teaching Internal Medicine at the District of Columbia American College of Physicians Meeting.

More than 200 interns, residents and fellows graduated from 67 medical, dental and health-related training programs in the National Capital Consortium (NCC), June 21, 2013. That same year, approximately 13 GME programs received site visits from the ACGME, a private professional organization responsible for the accreditation of about 9,200 residency education programs around the country. Eight programs received full accreditation, three of those earned special commendation from ACGME review committees made up of experts in the respective medical fields: Critical Care Medicine, Pulmonary Medicine, and Sleep Medicine. To date, results for five programs reviewed in 2013 are still pending.

Nelson said the outside stamp of approval acknowledges great work, "in a learning environment amidst hospitals that provide only the very best for our patients."

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HEALTHY

Continued from 5

a secret that a smoke- and tobacco-free life is a healthier life. The three-part Tobacco Cessation class, "Quit to Win" will arm participants with the tools needed to quit for life. Active duty service members will also get the opportunity to meet with a provider to discuss prescription assistance for quitting tobacco. Visit the DTHC website (<http://www.dthc.capmed.mil/SitePages/Home.aspx>) for monthly class schedules.

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A service member sits in the "Bod Pod" at the Fit To Win clinic located at the DiLorenzo TRICARE Health Clinic at the Pentagon. The Bod Pod is a device that measures a person's body composition. The person's weight will be taken and body fat calculated during the process.

fuel your body to maximize its efficiency, plan and cook a healthy meal for you and your family, and manage weight. Visit the DTHC website for monthly class schedules.

For more information, contact Natalie Hedrick at the DiLorenzo TRICARE Health Clinic at Natalie.P.Hedrick.ctr@health.mil or by phone at 703-692-8564.





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